



UNIT INSPECTION REVIEW FORM

Project Name:	Project Number:
UNIT#	BIN#
#of Bedrooms:	# of Bathrooms:
Name of Inspector:	Date:

Description of Physical Deficiency						
Check if applicable	FRONT ENTRY DOOR (locks, frames, seals)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	LIVING ROOM (ceiling, floors, doors, walls, windows, electrical, lights, stairs, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	PORCH/PATIO/BALCONY (Railing loose/damaged/missing, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> N/A						
Check if applicable	KITCHEN (cabinets, countertops, garbage disposal, sink, exhaust fan, range, refrigerator, GFI's, ceiling, floors, doors, walls, windows, electrical, lights, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	FIRE EXTINGUISHER (tagged and accessible) MAY NOT APPLY IF EXTINGUISHERS ARE KEPT IN COMMON AREAS ACCESSIBLE TO ALL RESIDENTS OUTSIDE THE UNIT.	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> N/A						

Check if applicable	REAR ENTRY DOOR (locks, frames, seals)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> N/A						
Check if applicable	LAUNDRY AREA (if located in the unit - dryer vent missing or blocked, other hazard)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> N/A						
Check if applicable	HALLWAY/STAIRWAY (floors, walls, ceilings, doors, lights, handrails and steps, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	SMOKE DETECTOR(s) (list location & description - if at list one detector is not working on each level of the unit mark as critical)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	BATHROOM #1 - (vanity/medicine cabinet, sink, shower/tub, exhaust fan, toilet, GFI(s) , ceiling, floors, doors [must be lockable unless handicapped unit], walls, windows, electrical, lights, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	BATHROOM #2 - (vanity/medicine cabinet, sink, shower/tub, exhaust fan, toilet, GFI(s) , ceiling, floors, doors [must be lockable unless handicapped unit], walls, windows, electrical, lights, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check if applicable	BATHROOM #3 - (vanity/medicine cabinet, sink, shower/tub, exhaust fan, toilet, <u>GFI(s)</u> , ceiling, floors, doors [must be lockable unless handicapped unit], walls, windows, electrical, lights, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	BEDROOM #1 (Ceiling, room door, closet door, floors, walls, windows, lights, electrical, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	BEDROOM #2 (Ceiling, room door, closet door, floors, walls, windows, lights, electrical, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	BEDROOM #3 (Ceiling, room door, closet door, floors, walls, windows, lights, electrical, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	BEDROOM #4 (Ceiling, room door, closet door, floors, walls, windows, lights, electrical, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	BASEMENT (walls, floors, ceiling, doors, other)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed <input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check if applicable	HVAC (noisy, leaking, vibrating when in use. Rust/corrosion, Gas - disconnected improper angle on flue, missing radiator covers, doesn't work)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	HOT WATER TANK (rust, corrosion, hole in piping, ducting, no hot water in faucets, leaking tank/valves/fittings, extension tube not within 18" of floor, Gas – disconnected/improper angle on flue)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> N/A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check if applicable	HEALTH & SAFETY (AIR QUALITY, EMERGENCY FIRE/EXITS, FLAMMABLE MATERIALS, GARBAGE & DEBRIS, TRIPPING, INFESTATION; INSECTS, RAT/MICE/VERMIN, OTHER HAZARDS)	PIC	L1	L2	L3	Critical
<input type="checkbox"/> No deficiencies observed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: